



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
Mark MAGGENTI, et al) For: METHOD AND APPARATUS FOR
Serial No. 10/045,121) PROVIDING ARBITRATION IN A
Filed: October 17, 2001) GROUP COMMUNICATION
Group No. 2685) NETWORK

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Non-Compliant Amendment dated December 2, 2005, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Tami M. Procopio
(type or print name)

Date: December 23, 2005

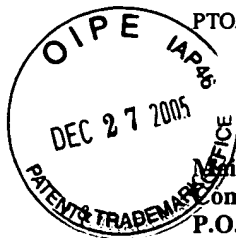
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Depositor's Name: _____
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Signature: _____

Tami M. Procopio



PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT2685
TFW

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 000211D3
In Re Application of: Mark MAGGENTI, et al.
Serial Number: 10/045,121
Filed: October 17, 2001
Examiner: Thuan Nguyen
Group Art Unit: 2685

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	20	21	1	x \$50 =	\$
Independent**	12	12	1	x \$200 =	\$
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$120	\$
				\$450	\$
				\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$_____.
- The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: December 23, 2005

Signature:

John L. Ciccozzi, Reg. No. 48,984
(858) 845-2611QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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Signature: